

VOLUNTARY LEAVE TRANSFER PROGRAM PORTLAND DISTRICT AND HQNWD

1. Purpose.

The Voluntary Leave Transfer Program allows for an employee to transfer accrued annual leave to the annual leave account of another employee who needs such leave because of a medical emergency.

2. Definitions.

a. Available paid leave-If the employee has the medical condition, all accrued annual leave and sick leave; if a family member has the medical condition, all accrued annual leave and the greater of the following amounts of accrued sick leave (total of leave year usage):

- 1) 40 Hours: or
- 2) 104 Hours if the employee retains a balance of at least 80 hours

b. Employee – An employee who accrued annual and sick leave.

c. Family Member – The following relatives of the employee:

- 1) Spouse, and parents thereof;
- 2) Children, including adopted children, and spouse thereof; and
- 3) Parents
- 4) Brothers and Sisters, and spouses thereof;
- 5) Any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.

d. Medical Emergency – A medical condition of the employee or a family member that:

- 1) Requires the employee's absence from duty for a prolonged period of time;
- 2) Causes a substantial loss of income to the employee because of the unavailability of paid leave; and
- 3) Arises from circumstances beyond the employee's control. (Care for a newborn, a routine pregnancy, elective cosmetic surgery, are examples which do not constitute a medical emergency.)

e. Substantial loss of income – The absence from duty without available paid leave because of the medical emergency is at least 24 Hours (or, in the case of a part-time employee, at least 30 percent (%) of the average number of hours of work in the BI-weekly scheduled tour of duty).

3. Application Procedures.

An employee, or a personal representative of the employee, will make application through the immediate supervisor to the Human Resource Office. Each Application will include the following:

a. Optional Form 630, "Leave Recipient Application Under the Voluntary Leave Transfer Program."

b. Medical Certification from a physician which details the diagnosis, prognosis, and duration of the medical condition.

c. An endorsement by the supervisor which documents that the emergency will cover a period of at least 24 Hours for which the recipient would have no available paid leave (or, in the case of a part-time employee, at least 30 percent (%) of the average number of hours of work in the BI-weekly scheduled tour of duty) and the date the recipient will exhaust all applicable paid leave.

4. Approval Procedures.

The Human Resource Office will review the application for the purpose of determining that the potential leave recipient is affected by a defined medical emergency and all documentation requirements of the Voluntary Leave Transfer Program are met.

a. If the application is approved, the Human Resource Office shall notify the supervisor within 10 calendar days after the date the application was received.

b. If the application was not approved, the Human Resource Office shall notify the supervisor within 10 calendar days after the date the application was received that the application has not been approved and the reason for its disapproval.

5. Transfer of Annual Leave.

a. The Supervisor is responsible for alerting potential donors of the need for leave donations. Methods of achieving this awareness are at the discretion of the supervisor and must not be coercive in any sense.

b. A leave donor may request the transfer of leave by submitting an Optional Form 630-A, "Request to Donate Annual Leave to Leave Recipient (with agency)," or an Optional Form 630-B, "Request to Donate Annual Leave to Leave Recipient (outside agency)" to the Human Resource Office.

1) A leave donor may not transfer leave to his/her immediate supervisor.

2) In any one leave year, a leave donor may donate no more than a total of one half of the amount of annual leave he/she would be entitled to accrue during the leave year in which the donation is made.

3) For a leave donor that is projected to have annual leave forfeited at the end of the leave year, the maximum amount of annual leave that may be donated during the leave year is the lesser of:

(a) The number of hours remaining in the leave year for which the leave donor is scheduled to work and receive pay: or

(b) One half the amount of annual leave which would accrue during the leave year.

6. Use of Transferred Annual Leave.

a. The leave recipient may use transferred annual leave only for the approved medical emergency.

b. Transferred annual leave may be substituted retroactively for periods of leave without pay or used to liquidate an indebtedness for advanced annual or sick leave granted on or after the beginning date of the medical emergency for which LWOP or advanced annual sick leave was granted.

c. Transferred annual leave may not be;

1) Transferred to another leave recipient;

2) Included in a lump sum payment for retirement or separation; or

3) Made available for recruit upon employment by a Federal Agency.

7. Accrual and Use of Leave While in a Shared Leave Status.

a. Annual and sick leave accrued while in a shared leave status will be kept in a separate leave account for the leave recipient to a maximum amount of 40 hours each (or, in the case of Part-time employee, the average number of hours of work in the employee's weekly scheduled tour of duty.)

1) At the beginning the first applicable pay period beginning on or after the date on which the medical emergency terminates; or

2) When the employee has exhausted all transferred leave made available to the employee for the medical emergency.

b. Annual and sick leave accrued while in a duty and a pay status will accrue to the leave account of the recipient and must be used prior to any further use of transferred annual leave.

8. Termination of Use of Donated Leave.

The leave shall terminate:

a. when leave recipient's Federal service is terminated;

b. For a temporary employee, on the not-to-exceed date for the appointments during which the medical emergency began;

c. At the end of the pay period in which the duration prescribed by the physician occurs (unless further documentation from physician extends the duration) or

9. Disposition of unused Transferred Annual Leave

a. At the election of the leave donor, unused transferred annual leave will be restored by:

1) Crediting the restored annual leave to the current leave year;

2) Crediting the restored annual leave as of the first day of the first leave year beginning after the of election; or

3) Donating such leave in whole or part to another leave recipient.

b. Transferred annual leave restored to the account of a leave donor shall be subject to the limitations at the end of the leave year in which the restored leave is credited to the leave donor's annual leave account.

Timekeeping Procedures
For
Posting Donated Annual Leave

1. Each pay period an employee is in the donated leave status (leave usage reported on CEFMS T&A) the employee will continue to accrue annual and sick leave at normal rates, with total accruals of annual and sick leave each limited to a maximum of 40 hours. Such accrued leave usage is suspended during the period of donated leave usage. All accrued annual and sick leave hours are held until employee "officially" by way of signed and dated memo requests to be taken off of the leave donation program. Any leave accrued in excess of 40 hours will be automatically dropped.
2. When donated leave usage is completed, leave accrued in annual and sick leave will automatically be transferred to **AL ACCRUAL YTD** and **SL ACCRUAL YTD** respectively.
3. When employees go on donated leave and adjustment to timecards will be made prior to pay periods, payroll must be informed.
 - Employees on donated leave for self must be posted as **LS**.
 - Employee must have used all sick and annual leave before any donated leave can be used.
 - Employees on donated leave for family must be posted as **LA**.
 - Employee does not have to use balance of any sick or annual leave before using advance sick or annual leave.
4. **Other miscellaneous processing information:**
 - Code **LU** for any **traumatic injury** date.
 - LT** which is coded for **Continuation of Pay (COP)** hours will not work with out the **LU** date (which is the date of injury).
 - Advance sick leave** must be posed as **LG**.
 - Advanced annual leave** must be posted as **LB**.
5. **Questions** should be directed to your **Payroll Liaison Officer**.

Leave Recipient Application Under The Voluntary Leave Transfer Program

Optional Form 630
June 1989
U.S. Office of Personnel Management
FPM Chapter 630

1. Applicant's Name (Last, First, Middle)	2. Social Security Number	3. Employee Number
4. Position Title, Pay Plan, and Grade/Pay Level		
5. Name of Organization (Agency, Department, Office, Division, Branch, etc.)		6. Payroll Office Number
7. Nature and Severity of the Medical Emergency		

8. Individual Affected by Medical Emergency (Check One) <input type="checkbox"/> Employee <input type="checkbox"/> Employee's Family Member	9. Date Medical Emergency Began	10. Date Medical Emergency Ended (or is Expected to End)
11. Name of Physician Who Will Verify the Medical Emergency (Attach documentation from the physician (or other appropriate expert) showing the diagnosis, prognosis and duration of the illness.)		
12. What is the Applicant's Leave Balance as of End of Last Pay Period?	13. How Many Hours of Leave Without Pay Have Been Used for This Medical Emergency?	
14. Does the Applicant Want a Description of the Medical Emergency Distributed to Servicing Personnel Offices so that Other Employees May Donate Leave to the Account? <input type="checkbox"/> No <input type="checkbox"/> Yes If "YES," Provide the Description Below.		

☐ Check, If the Applicant Does Not Wish to Have Name Used With the Description or Disclosed to Anyone Except Supervisor, the Supervisory Channel and the Deciding Official, and Individuals Who Maintain the Program.

15. Name of Individual Completing the Application (If Applying on Behalf of the Applicant)	Relationship to Applicant	Telephone Number
16. I Certify that the Above Statements are True. Signature of Applicant or Individual Applying on Behalf of the Applicant		Date Signed

Privacy Act Statement

Participation in this program is voluntary; however, solicitation of this information is authorized by P.L. 100-566 (October 31, 1988). The information furnished will be used to identify records properly associated with the application to become a leave recipient. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule, or

regulation; or to another agency or court when the Government is party to a suit. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number (SSN). Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application.

17. First Level Supervisor's Recommendation, Signature, and Date Signed <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	18. Deciding Official's Decision. Signature and Date Signed <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove
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